

Case Number:	CM15-0013088		
Date Assigned:	01/30/2015	Date of Injury:	08/08/2013
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old male sustained an industrial injury to the right knee on 8/8/13. Magnetic resonance imaging right leg showed an anterior cruciate ligament disruption, medial collateral ligament disruption, microtrabecular fracture of the lateral femoral condyle, a bone bruises, a partial tear of the posterior cruciate ligament, mild sprain of the medial patellar retinaculum and anterior displacement of the medial meniscus. Treatment included arthroscopic multicompartament synovectomy and manipulation (10/29/13), arthroscopic multicompartament synovectomy (2/18/14), physical therapy, cortisone injections, knee brace and medications. In a PR-2 dated 9/15/14, the injured worker rated his pain 2/10 on the visual analog scale with medications. The injured worker reported walking regularly without pain. In a PR-2 dated 12/16/14, the injured worker reported that the pain in the right knee hadn't changed. The injured worker reported that he was sleeping okay but having difficulty obtaining medications. The injured worker reported that cortisone injection had been helpful for 4-5 days. The remaining subjective complaints are illegible. Objective findings included mild atrophy to the right knee, one step test with right sided weakness and fully stable one leg stance for five seconds. The injured worker blood pressure was elevated. The injured worker had returned to work in September. On 12/23/14, Utilization Review noncertified a request for physical therapy x 12 visits citing CA MTUS Postsurgical Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The patient has a history of right knee ACL anterior cruciate ligament deficiency and MCL medial collateral ligament sprain. Right arthroscopic knee surgeries was performed 10-29-2013 and 02-18-2014. The patient had post-operative physical therapy. Physical therapy notes indicate a total of 22 physical therapy visits. No functional improvement with past physical therapy visits was documented on the 12-16-2014 progress report. Twelve additional PT physical therapy visits were requested. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Therefore, the request for 12 additional PT visits exceeds ODG guidelines. No functional improvement with past physical therapy visits was documented. Therefore, the request for 12 additional physical therapy visits are not supported. Therefore, the request for additional PT physical therapy visits is not medically necessary.